

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HAND-HELD PRODUCT DISPENSERS HAVING PRESSURIZED DELIVERY, the specification of which

- is attached hereto.
 was filed on _____ as Application Serial No. _____
and was amended on _____
 was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: William E. Booth, Reg. No. 28,933

Address all telephone calls to William E. Booth at telephone number 617/542-5070.

Address all correspondence to William E. Booth, Fish & Richardson P.C., 225 Franklin Street, Boston, MA 02110-2804.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Harold Rand Thompson

Inventor's Signature: _____ Date: _____

Residence Address: 54 Green Street, Norwell, Massachusetts 02061

Citizen of: U.S.A.

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COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Full Name of Inventor: Gordon Gerald Guay

Inventor's Signature: _____ Date: _____

Residence Address: 18 Regina Drive, Chemsford, Massachusetts 01824

Citizen of: U.S.A.

Post Office Address: 18 Regina Drive, Chemsford, Massachusetts 01824

I, the undersigned, do hereby declare, under penalty of perjury, that the foregoing are true and correct to the best of my knowledge and belief.